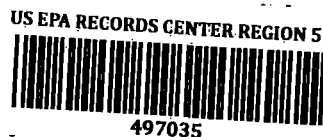


H&S COMPLIANCE INSPECTION



PM name: _____
 Client name: _____
 Site location: _____
 Inspection conducted by: _____

Date: _____
 W.O. No.: _____
 Site phone no.: _____

___ PM in person ___ PM via phone (Contact Name: _____)
 ___ PM's designee (Designee's Name: _____)

1. Is the HASP available at the site? ___yes ___no Signed by all personnel? ___yes ___no
 (Have the cover page and site worker sign-off page faxed and attached to this form.)*
2. What tasks are active? _____
3. What special H&S considerations are necessary? (e.g., confined spaces, fall protection, construction safety, excavation evaluations, radiation, etc.) _____

4A. List the name of the SHSC/FSO on Line (a) and any other employees working at the site on lines (b) through (i).
 Verify and check (✓) if field certifications are current. Attach a separate sheet if needed:

Name	RFW or Sub?	Training	Medical	Fit Test
a.				
(For above, circle: SHSC or FSO)				
b.				
c.				
d.				
e.				

- 4B. For large projects, is documentation on-site for employee certifications? ___yes ___no ___NA
5. Is emergency contact information available on-site? ___yes ___no
6. Describe the ambient temperatures during recent work shifts: _____
7. Was the level of PPE used for each task today as required by the HASP? ___yes ___no
- 8A. What contaminant monitoring is conducted? _____
- 8B. How are results documented? ___Logbook ___Forms ___other (describe): _____
 What other monitoring is done? (e.g., heat stress, cold, noise, etc.) _____
10. How are work zones marked and/or designated? _____
11. Are personnel and equipment decon performed as required by the HASP? ___yes ___no
12. Are first aid and CPR services provided as required by the HASP? ___yes ___no
13. When were first aid kits, BBP kits, and fire extinguishers last inspected? _____
 (Have documentation faxed and attached to this form.)
14. Was site-specific hazard communication completed and properly documented? ___yes ___no
 (Have checklist in HASP Attachment D faxed and attached to this form.)*
15. When was the last safety briefing conducted? _____. List topic(s) discussed: _____

16. Explain any negative findings below: _____

* if deemed necessary by Project Manager

PM Signature/Date: _____

Page 1 of 1